

MOVEMENT INTERVIEW WORKSHEET (STUDENT)

DATA REQUIRED BY THE PRIVACY ACT (1974) (5 U.S.C. 552a): Authority for solicitation of SSN, leave address, and phone number is Executive Order 9397. SSN will be used for positive identification. Address and phone number are required for emergency purposes. Disclosure of this information is voluntary; however, failure to disclose could possibly result in inability to process records for movement.

\_\_\_\_\_ RANK \_\_\_\_\_ MOS \_\_\_\_\_ PEBD \_\_\_\_\_  
(SPCs & CPLs Only)

\_\_\_\_\_ UNIT \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

LEAVE ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

(Circle one) MARRIED / SINGLE / DIVORCED NUMBER OF FAMILY MEMBERS \_\_\_\_\_

Do you have any family members that required special medical treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

I have received a fact sheet concerning the Exceptional Family Member Program (EFMP): \_\_\_\_\_

1. Upon departure from this installation you will ordinarily be granted leave before being required to report to your next station. This is not true if you fail to successfully complete your course of instruction. In this case, you may be assigned to another installation for training and will not be granted leave. You will not be authorized more than 10 days or 14 days leave, depending on your assignment.

I do not desire any leave. SIGNATURE: \_\_\_\_\_

I do desire the maximum of 10 days leave if assigned within the Continental United States (CONUS). SIGNATURE: \_\_\_\_\_

I do desire the maximum of 14 days leave if assigned overseas. SIGNATURE: \_\_\_\_\_

2. You will be authorized travel time from this installation to your next duty station based on mileage, mode of transportation, and actual travel time.

If assigned within CONUS, I will travel by privately owned vehicle (POV): Yes \_\_\_ No \_\_\_

3. If you are eligible for family member travel and are going to an overseas area where family travel is authorized, you must either apply for family member travel or sign an "All Others" tour statement.

I do not desire to apply for family member travel. SIGNATURE \_\_\_\_\_

I do desire to apply for family member travel. SIGNATURE \_\_\_\_\_

You are authorized travel of family member(s) and shipment of household goods to your first permanent duty station within CONUS.

4. If you are assigned to Germany, you can select from the following alternate aerial ports of embarkation for your personal convenience; however, you will only be allowed travel pay and travel time from Fort Sill, OK, to Dallas-Fort Worth TX, the primary port of embarkation. However, if you select an alternate port for your convenience, and if there is an added cost to the government for your travel from the alternate port, you will be required to reimburse the government by cash collection voucher. This cash payment ~~must~~ be made by you before you obtain your boarding pass from the Personnel Movement Office at Fort Sill. If you are shipping POV, you may ship from the following ports. Your primary port is the aerial port at or nearest to the port from which the vehicle is shipped:

CAR PORTS:	Baltimore MD	Bayonne NY	Charleston SC
	Los Angeles CA	New Orleans LA	Norfolk VA
	Granite City IL	Seattle WA	San Francisco CA
	Dallas/Fort Worth TX	Cape Canaveral FL	

NOTE: Car Ports must be in the direction of travel to be valid.

GERMANY:	Dallas-Ft Worth TX	St Louis MO*	Charleston Intl Arpt SC *
	Philadelphia PA *	Atlanta GA *	Washington DC *

\* DENOTES ALTERNATE AIRPORTS

If you are assigned to Korea, you can select the following alternate ports of embarkation for your personal convenience; however, you will only be allowed travel pay and travel time from Fort Sill, OK to St Louis MO the primary port of embarkation.

KOREA:	St Louis MO	Los Angeles CA *
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DENOTES ALTERNATE AIRPORTS

PANAMA:	Atlanta GA	Charleston SC *
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HAWAII: Only port of embarkation is Oakland CA

ALASKA: Only port of embarkation is Seattle Intl Arpt, WA

I understand that I am NOT GUARANTEED the alternate port of embarkation that I have selected.

5. I am shipping a POV overseas. Yes \_\_\_\_\_ No \_\_\_\_\_ (Check One)

6. (Females Only) I am/ am not pregnant. (Circle one)

7. I understand that I have elected the above options and changes are not authorized except under emergency conditions.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_